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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/628,207	07/29/2003	Vipul Narain Roy		5480	
7590 12/04/2007 DR VIPUL NARAIN ROY			EXAMINER		
C/O DR ATUL ROY			BUI, VY Q		
18154 TRUFLE LANE BOYDS, MD 20841			ART UNIT	PAPER NUMBER	
		3773			
			MAIL DATE	DELIVERY MODE	
			12/04/2007	PAPER	

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

## —ξD

## Interview Summary

Application No.	Applicant(s)	Applicant(s)		
10/628,207	ROY, VIPUL NARAIN	ROY, VIPUL NARAIN		
Examiner	Art Unit	_		
Vy Q. Bui	3773			

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All participants (applicant, applicant's representative, PTO personnel):							
(1) <u>Vy Q. Bui</u> .	(3)						
(2) Vipul Roy.	(4)						
Date of Interview: <u>22 October 2007</u> .							
Type: a)☐ Telephonic b)☐ Video Conference c)☑ Personal [copy given to: 1)☐ applicant . 2	2)∏ applicant's representative	e]					
Exhibit shown or demonstration conducted: d) ☐ Yes e) ☒ No. If Yes, brief description:							
Claim(s) discussed: independent claim 1.							
Identification of prior art discussed: Euteneur et al-6,077,2	<u>73</u> .						
Agreement with respect to the claims f) was reached. ♀	y)☐ was not reached. h)⊠ N	<b>1/</b> A.					
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: <u>amendment of the claims is required</u> .							
(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)							
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW A STATEMENT OF THE SUBSTANCE OF THE INTERQUIREMENTS on reverse side or on attached sheet.	e last Office action has already OF ONE MONTH OR THIRT ERVIEW SUMMARY FORM,	/ been filed, APF Y DAYS FROM WHICHEVER IS	THIS S LATER, TO				

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required